DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(37 CFR 1.63)

OR

☑ Declaration Submitted with Initial Filing

Declaration
Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nur	mber IN01174					
First Named Invento	r	ZHU, et al				
COMPL	COMPLETE IF KNOWN					
Application Number						
Filing Date	Dec					
Group Art Unit	To Be Assigned					
Examiner Name	То	Be Assigned				

As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
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VIRUS	NSS-SERME	ROTEAGE HAIL	BITOKS OF I	ILI ATTIIS			
the specification of which (Title of the Invention)							
is attached hereto	(, , , ,	o or the inversion,					
OR							
was filed on (MM/DD/YYYY	'L	as Un	ted States Applica	tion Number or F	CT International		
Application Number	and w	as amended on (MM/DD	~~~		(if applicable).		
I hereby state that I have reviewed a amended by any amendment specif	and understand the lically referred to abo	contents of the above ide	entified specification	n, including the o	daims, as		
I acknowledge the duty to disclose i	nformation which is	material to patentability a	s defined in 37 CF	R 1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filling date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached?		
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				8	5		
Additional foreign application num	ibers are listed on a	supplemental priority da	ta sheet PTO/SB/0	2B attached her	eto:		
I hereby claim the benefit under 35							
Application Number(s)	Filing Date	(MM/DD/YYYY)					
60/254,869	12/12/2000		numbe supple	enal provisiona ers are listed o mental priority B/02B attache	n a data sheet		
[Page 1 of 2]							

CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being	deposited with the United States Postal Service as first class m	ail in an				
envelope addressed to: Assistant Commissioner	for Patents, Washington, D.C. 20231 on this date:					
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Signature	Date					

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Date	December 10, 2001

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Utility or Design Patent Application DECLARATION-

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date** Parent Patent Number (MM/DD/YYYY) Number (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith:

Customer Number Place Customer 24265 Number Bar Code OR Registered practitioner(s) name/registration number listed below Label hera Registration Registration Name Number Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto Direct all correspondence to: 🔀 Customer Number OR Correspondence address below 24265 or Bar Code Label PALAIYUR S. KALYANARAMAN Reg. No. 34,634 Name **Address Address** City State ZIP (908) 298-5068 (908) 298-5388 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname ZHU ZHAONING Inventor's Date Signature EAST WINDSOR NJ U.S.A. U.S.A. Residence: City Citizenship 34 STONEHEDGE DRIVE Post Office Address **Post Office Address** USA EAST WINDSOR 71 P 08520 Country oxtime Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Pto/SB/02A (11-00)

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _3_

Name of Additional Joint Inventor, if a	A petition has been filed for this unsigned inventor							
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Inventor's Signature Date						Date		
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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _2_ of _3_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor				
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Mailing Address	- 							
City WEST CALDWELL	Sta	te NJ		ZIP	07006	Count	ry USA	
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Inventor's Signature				Date			Date	
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Given Name (first and middle [if any]))		Family Name or Surname					
Inventor's Signature			Date			Date		
Residence: City	State			Country		Citizenship		
Mailing Address								
Mailing Address								
City	State	9		ZIP		Co	ountry	

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